

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. NIAD-214.1 US													
		First Inventor or Application Identifier	JACOBSON et al												
Title		METHODS AND COMPOSITIONS USEFUL IN ENHANCING OXYGEN DELIVERY TO CELLS													
Express Mail Label No.		EL649533854US													
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231													
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages <span style="border: 1px solid black; padding: 0 10px;">12</span></span> (preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross References to Related Applications</li><li>- Reference of Microfiche Appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">Total Sheets <span style="border: 1px solid black; padding: 0 10px;">4</span></span></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration <span style="float: right;">Total Pages <span style="border: 1px solid black; padding: 0 10px;">3</span></span></p> <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)</li></ul> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span> (IDS)/PTO-1449</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> *Small Entity Statement(s) <span style="float: right;"><input checked="" type="checkbox"/> Statement filed in prior application, Status is proper and desired</span> (PTO/SB/09-12)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>16. <input checked="" type="checkbox"/> Other: Check For Filing Fee</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p><b>* NOTE FOR ITEMS 1 &amp; 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</b></p></div>													
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____</p> <p>Prior application information: _____ Examiner: _____ Group / Art Unit: _____</p>															
<b>18. CORRESPONDENCE ADDRESS</b>															
<input type="checkbox"/> Customer Number or bar code label		<input checked="" type="checkbox"/> Correspondence address below													
(Insert Customer No. or Attach bar code label here)															
<p>Name <span style="float: right;">Fulbright &amp; Jaworski LLP</span></p> <p>Address <span style="float: right;">666 Fifth Avenue</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>City</td><td>New York</td><td>State</td><td>New York</td><td>ZIP Code</td><td>10103</td></tr><tr><td>Country</td><td>USA</td><td>Telephone</td><td>212-318-3000</td><td>Fax</td><td>212-318-3400</td></tr></table>				City	New York	State	New York	ZIP Code	10103	Country	USA	Telephone	212-318-3000	Fax	212-318-3400
City	New York	State	New York	ZIP Code	10103										
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Name (Print/Type) <span style="float: right;">Norman D. Hanson</span>		Registration No (Attorney/Agent) <span style="float: right;">30,946</span>													
Signature <span style="float: right;"><i>Norman D. Hanson</i></span>		Date <span style="float: right;">April 12, 2001</span>													

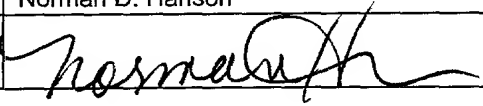
<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-214.1

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: <b>Small entity</b>	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$355.00</b>
TOTAL CLAIMS	16- 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			<b>TOTAL FEES</b>	<b>\$355.00</b>

**METHOD OF PAYMENT**

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$ \_\_\_\_\_
- ☒ A check for \$355.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: April 12, 2001
		<b>Deposit Account No. 50-0624</b>